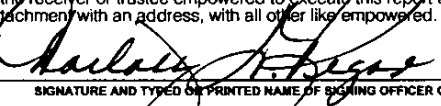


2008 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 10, 2008 8:00 am
Secretary of State

03-10-2008 90066 034 ****61.25

DOCUMENT # N98000004625					
1. Entity Name FAIRWAY VILLAGE OF HERITAGE SPRINGS, INC.					
Principal Place of Business 40347 US 19 N STE 201 TARPON SPRINGS, FL 34689 US			Mailing Address PO BOX 695 TARPON SPRINGS, FL 34689 US		
2. Principal Place of Business - No P.O. Box #		3. Mailing Address			
Suite, Apt. #, etc.		Suite, Apt. #, etc.			
City & State		City & State		4. FEI Number 59-3579486	
Zip		Country		5. Certificate of Status Desired ☐ \$8.75 Additional Fee Required.	
6. Name and Address of Current Registered Agent		7. Name and Address of New Registered Agent			
KARAGIANIS, IRENE 40347 US 19 N STE 201 TARPON SPRINGS, FL 34689		--Name-- Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code			
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.					
SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____					
Filing Fee is \$61.25 Due by May 1, 2008		9. Election Campaign Financing ☐ \$5.00 May Be Added to Fees		Make check payable to Florida Department of State	
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD QUIGLEY, JAMES 1217 FLORA VISTA ST NEW PORT RICHEY, FL 34655	☒ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DS REGAN, CHARLOTTE 1051 FLORA TISTA ST. NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DT HAMILTON, BOB 1224 FLORA VISTA ST NEW PORT RICHEY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	S ZEIGLER, JULIA 1115 FLORA VISTA ST TRINITY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BAKER, FRED 1026 FLORA VISTA ST TRINITY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BENNETT DICK 1037 FLORA VISTA ST TRINITY, FL 34655	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VP ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	P ☒ Change ☐ Addition				
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Change ☐ Addition				
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: 		2/18/08		(727) 372-2279	
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR		Date		Daytime Phone #	